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## APPLICANTS

Gordon L. Olsen, Las Vegas, NV;

Pat S. Harrison, El Cajon, CA;

\*\* CONTINUING DATA \*\*\*\*\*

None *TH*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

None *TH*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NV	SHEETS DRAWING 6	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>	

## ADDRESS

29338  
PARK & SUTTON LLP  
3255 WILSHIRE BLVD  
SUITE 1110  
LOS ANGELES, CA  
90010

## TITLE

Image display device

FILING FEE  RECEIVED 612	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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